The Library Board has authorized the use of this form as part of its Collection Development Policy.

Date ______________________

Your name ________________________________

Address ________________________________

Email ________________________________

Town_________________________ Zip code __________

I represent myself _____Organization __________________

Title or nature of item ________________________________

Author ________________________________

Format (book, DVD, CD, etc.) ________________________________

Did you read, view, or listen to the entire work? __________

What concerns you about this material? Please be specific. List pages, etc.

________________________________________________________________

________________________________________________________________

________________________________________________________________

What would you like the Library Board to do about this material?

________________________________________________________________

________________________________________________________________

________________________________________________________________

A title will be reviewed by the Library Board of Trustees only once within a 5 year period unless the content has undergone major revisions or at the discretion of the Library Director or the Library Board of Trustees.

When completed in its entirety, this form should be returned to the Library Director, Weston Public Library, 56 Norfield Road, Weston, CT 06883.

Adopted April 2, 2002; Revised May 14, 2013; Revised March 1, 2022; Revised October 3, 2022; Revised March 8, 2023